
Full Name of Party Filing this Document

Mailing Address (Street or Post Office Box)

City, State, and Zip Code

Telephone Number

Email Address (if any)

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT
OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

In the Matter of

DOB: _____
a Minor.

Case No.: _____

JUDGMENT APPOINTING
GUARDIAN OF A MINOR

JUDGMENT IS ENTERED AS FOLLOWS:

1. _____ is appointed guardian of
_____. The guardianship is a general guardianship.
2. Upon acceptance by the guardian, Letters of Guardianship shall be issued to the guardian.
3. Pursuant to Rule 54.2 of the Idaho Court Administrative Rules, the guardian shall file a report using an Idaho Supreme Court approved form within 30 days following the one year anniversary of the appointment and:
 - a. At least annually after that;
 - b. When the court orders additional reports to be filed;
 - c. When the guardian resigns or is removed; and
 - d. When the guardianship is terminated, unless waived by the Court.
4. Copies of the report shall be provided to all persons listed on the Clerk's Certificate of Service.
5. Failure to comply with this Judgment may result in a finding of contempt and sanctions.

DATE: _____

MAGISTRATE JUDGE

CLERK'S CERTIFICATE OF SERVICE

I certify that I served a copy of this Judgment to: (name all parties in the case other than yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- ☐ By United States mail
☐ By personal delivery
☐ By fax to: (number) _____
☐ By email to: _____

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- ☐ By United States mail
☐ By personal delivery
☐ By fax to: (number) _____
☐ By email to: _____

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- ☐ By United States mail
☐ By personal delivery
☐ By fax to: (number) _____
☐ By email to: _____

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

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☐ By personal delivery
☐ By fax to: (number) _____
☐ By email to: _____

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- ☐ By United States mail
☐ By personal delivery
☐ By fax to: (number) _____
☐ By email to: _____

Date: _____

Deputy Clerk

